

Attorney General's Office Public Records Request

Requestor Information

First Name (Required) * **Last Name (Required) ***

Daysia Tolentino

Organization

Address

411A Highland Ave

DEPT MR 64726

City State Zip

Somerville Massachusetts 02144

Email Address (Required) *

64726-74978343@requests.muckrock.com

Phone Number (Required) *

(617) 299-1832

Please describe the records you are requesting and provide as much specificity as possible, including applicable date ranges. (3000 character limit) (Required) *

To Whom It May Concern:

Pursuant to the Massachusetts Public Records Law, I hereby request the following records:

All complaints of wage theft made to the State of Massachusetts or any of its subsidiary agencies concerning employers in the cities of Boston, Cambridge, and Somerville, MA, from July 21, 2016 to the date this request is processed.

I also request that, if appropriate, fees be waived as we believe this request is in the public interest, as suggested but not stipulated by the recommendations of the Massachusetts Supervisor of Public Records. The requested documents will be made available to the general public free of charge as part of the public information service at MuckRock.com, processed by a representative of the news media/press and is made in the process of news gathering and not for commercial usage.

I expect the request to be filled in an accessible format, including for screen readers, which provide text-to-speech for persons unable to read print. Files that are not accessible to screen readers include, for example, .pdf image files as well as physical documents.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 10 business days, as the statute requires.

Sincerely,

Daysia Tolentino

Please take note of the following disclaimers:

1. This public records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request.
2. Do not include any sensitive information, such as medical information, financial account numbers, or Social Security numbers. The AGO will contact you if additional information is required.
3. Submission of this form does not constitute receipt of it by the AGO. **Your public records request will be considered received on the next business day following its submission.**

Untitled Attachment

Records Request Supporting Document

I agree that I have read the directions and disclaimers on this form and that the information that I have provided is accurate to the best of my knowledge. I adopt the signature below as my electronic signature.

Declaration (Required)*

Signature (Required)*

Daysia Tolentino

Date Submitted

12/10/2018